

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1						51								
2	1	1					52								
3							53								
4	1						54								
5	1						55								
6							56								
7							57								
8		2					58								
9		3					59								
10		3					60								
11		3					61								
12		3					62								
13		3					63								
14		3					64								
15		3					65								
16		3					66								
17		3					67								
18		3					68								
19		3					69								
20		3					70								
21		3					71								
22		3					72								
23		3					73								
24		2					74								
25		2					75								
26		2					76								
27		3					77								
28		3					78								
29	1						79								
30		1					80								
31		1					81								
32	1						82								
33	1						83								
34		1					84								
35		1					85								
36		3					86								
37		3					87								
38		3					88								
39		3					89								
40		3					90								
41		3					91								
42		3					92								
43		2					93								
44		3					94								
45		3					95								
46		3					96								
47		2					97								
48		3					98								
49							99								
50							100								
TOTAL IND.	16						TOTAL IND.								
TOTAL DEP.	105						TOTAL DEP.								
TOTAL CLAIMS	111						TOTAL CLAIMS								